

EXHIBIT B

**IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN
DISTRICT OF NEW YORK**

IN RE: EXACTECH POLYETHYLENE ORTHOPEDIC PRODUCTS LIABILITY LITIGATION	MDL Docket No. 3044 THE HON. NICHOLAS G. GARAUFIS & THE HON. MARCIA M. HENRY
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SUPPLEMENTAL PLAINTIFF'S FACT SHEET

This Supplemental Plaintiff's Fact Sheet ("Supplemental") must be completed by the plaintiff or the representative of plaintiff's decedent within sixty (60) days of being placed in a bellwether pool. No objections may be made.

Answer every question to the best of your knowledge. In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge. If you cannot recall all of the details requested, provide as much information as you can. You must supplement your responses if you learn that they change or are incomplete or incorrect in any material respect. For each question, where the space provided does not allow for a complete answer, attach additional sheets so that all answers are complete. When attaching additional sheets, clearly label what question your answer pertains to.

In filling out this form, use the following definitions: (1) "**health care provider**" means any hospital, clinic, medical center, physician's office, infirmary, medical or diagnostic laboratory, or other facility that provides medical care, and if claims are made for psychological, cognitive, and/or mental health problems other than "garden variety" emotional distress, psychiatric, or psychological care or advice, and any pharmacy, dietary, nutrition or weight loss, x-ray department, laboratory, physical therapist or physical therapy department, rehabilitation specialist, physician, , osteopath, homeopath, chiropractor, , or other persons or entities involved in the evaluation, diagnosis, care, and/or treatment of the plaintiff or plaintiff's decedent; (2) "**document**" means any writing or record of every type that is in your possession, including but not limited to written documents, documents in electronic format, e-mail communications; text messages; social network or Internet postings, social network or other app-based messages; iMessages, cassettes, videotapes, photographs, charts, computer discs or tapes, and x-rays, drawings, graphs, phone records, non-identical copies, and other data compilations from which information can be obtained and translated, if necessary, by the defendants through electronic devices into reasonably usable form.

Information provided in this PFS will only be used for purposes related to this litigation and medical records will be destroyed upon the completion of the litigation provided that this individual case is dismissed with prejudice. This Fact Sheet is completed pursuant to the Federal Rules of Civil Procedure governing discovery (or, for state court case, the governing rules of the state in which the case is pending).

1. CASE INFORMATION

Name of Person Completing Form:	
If you are completing this Supplemental in a representative capacity (e.g., on behalf of the estate of a deceased person), please complete the following:	
Your Name:	
Other Names and the Dates You Used Those Names:	
Your Address:	
Individual You Represent, and Your Capacity as Representative:	
Your Relationship to Individual You Represent:	
Court Who Appointed You as Representative (if any):	
Date You Were Appointed: [Calendar Drop Down]	
Individual Case Number:	

2. IMPLANT/EXPLANT INFORMATION

To the best of your knowledge, identify all persons who came into possession of your explanted components and the dates each person possessed them, excluding the names of consulting or testifying experts:

Person	Dates of Possession

3. ECONOMIC LOSS CLAIMS

a. Did you pay for your revision surgery and/or any related care? Yes/No/In Part [DROP DOWN]

If Yes or In Part, how much did you pay? _____

If No or In Part, who or who else paid for the revision surgery? _____

b. State the amount of medical expenses, by provider, which you have incurred, including amounts billed to insurers and other third-party payors, which are related to any claims for which you seek recovery for in this action:

Name & Address of Provider	Dates of Treatment	Amount of Medical Expenses

c. For any expenses claimed above, have they been paid for or reimbursed by any third party?
Yes/No [DROP DOWN]

If Yes, identify the following:

Which Expense	Amount Reimbursed	Date Reimbursed

DOCUMENT DEMANDS

1. All statements obtained from or given by any person having knowledge of facts relevant to the subject of this litigation (excluding information subject to the attorney-client privilege, work product protection, or expert disclosures to be governed by future court order in this litigation).
2. All records of any other expenses allegedly incurred as a result of the allegations in the Complaint.
3. If you claim to have sustained a loss of earnings, or lost earnings capacity, produce your W-2s for each of the last five (5) years, if any.
4. All documents, including but not limited to medical bills, related to the medical expenses (whether paid by you, insurers, Medicare/Medicaid, or other third parties) for which you seek recovery in this lawsuit.
5. Any documents including diaries, journals, calendars, emails, texts, postings on websites, blogs, and social media accounts or other notes prepared by you or your representative, other than your attorneys, concerning your joints, joint replacement surgeries, or the conditions you allege in the Complaint.

DECLARATION

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that all of the information provided in this Plaintiff Fact Sheet is true and correct to the best of my knowledge, information and belief formed after due diligence and reasonable inquiry, that I have supplied all the documents requested in this Plaintiff Fact Sheet, to the extent that such documents are in my possession, and that I have supplied/will supply the Authorizations attached to this declaration, in accordance with the terms of this Plaintiff Fact Sheet.

Signature

Date

Print Name